

REALTIME TEXT FILE

DISABILITY AND HEALTH PROGRAM  
DISABILITY COMMUNITY PLANNING GROUP WEBINAR  
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Edited

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>> CLAUDIA FRIEDEL: Welcome, everyone, to our second quarterly Disability Community Planning Group webinar of the Disability and Health Program. As a reminder, all lines are muted, so if anyone has a question, Bryan will be checking the chat feature throughout the presentation and we'll read them out at the end.

For those of you using CART, please refer to the PDF information sheet link sent from an e-mail from myself, Claudia Friedel that was sent out. I am happy to introduce Dr. Sayedul Huq.

Dr. Sayedul Huq is a Triple Gator and post-doctoral associate at the University of Florida focused on improving health outcomes of underserved and underrepresented children and adolescents using community-engages prevention and intervention strategies.

As a certified health educator specialist, volunteer, and advocate, she devotes her time to multiple community based efforts, such as serving as the director of research and statistics for the Inclusive Fitness and Unified Sports Program, a fitness intervention for young adults with intellectual disabilities and she serves as a board member for the Southwest Advocacy Group, SWAG, a non-profit organization aimed at reducing some of the greatest health, education, and crime disparities in Gainesville.

Welcome, Mona, we're happy to have you.

>> DR. MONA SAYEDUL HUG: Thank you so much, Claudia, I really appreciate that intro. And if everyone is ready to get started, I think I will.

I wanted to start the presentation with just a little bit about myself. So I spent the first five years of my life actually in another country until my parents and I immigrated to the US. So when I arrived here, I immediately noticed a difference in the way that people lived compared to our home countries which were the Philippines, my mom is from the Philippines and my dad is from Bangladesh and I grew up in the Philippines. So for example, many of the children in the Philippines lived without basic needs: food, water, clothes, housing, and even sometimes the presence of a caregiver, so another adult that can raise them and provide those necessities.

The biggest difference is that you see -- I at least notice, is that the children, almost on every block in the capital and the provinces of the Philippines, you'll notice them and it's hard not to see them, even though most of the people that live there do not see them, they go

unseen.

So, at the age of seven when I first returned back to the Philippines, I decided [chuckles] that I needed to help other children and young adults, but I didn't know how I could help them, and it wasn't until I grew older and received my college education at the University of Florida (like Claudia said, I'm A Triple Gator, I got all my degrees from the University of Florida) that I realized the question that I originally posed to myself when I was seven years old was centered around how do I improve the quality of life of someone.

So as a health educator, I prefer to use the ecological view on health to improve someone's quality of life and the image on the slide right now is actually the Socioecological Model, SEM for short, which is a theory based framework for understanding how multiple levels within a society interact within a person. So the social ecological model has five levels: the individual, interpersonal, organizational, community and policy. I personally like to think of the SEM as an onion, that when you pull away those outer layers (the policy and community level), you get to the center of the onion which is the person and the person's characteristics that influence their behavior, which is, as you can see written there, knowledge, attitude, beliefs, but also includes self-efficacy, gender, ability status, education, and religion, et cetera.

[Pause].

>> DR. MONA SAYEDUL HUG: So traditional research, as we know, focuses in one direction, where academic researchers conceptualize research projects with little or no input from the community or population of interest that they're trying to serve or research and this results in evidence-based practices being implemented unsuccessfully without any sustainability plans and dissemination to the communities.

So we need to recognize that research has to address barriers to implement and improve health outcomes that are always needed.

So we have an implementation gap that you can see on the screen where we have effective interventions but if attention isn't paid to how they're implemented, then those interventions do not result in positive outcomes for participants. So research often fails to translate university-based practices to the real-world setting and program implementation with community stakeholders reporting a lack of investment in research and needs different than those being addressed by the researcher.

A couple of organizations like the NIH, CDC, and the World Health Organization actually support and increase funding portfolio to address this gap so that would utilize other methods like service learning, implementation science, CBPR, which is community based participatory research, to create a community academic partnership.

So a community academic partnership actually has a couple parts to it. Of course, it has the community based organization, academic institution, and health agencies. The biggest difference between a community academic partnership and other types of theories and models is that all the voices speak together at the podium to improve the quality of life of the communities and members that it's trying to serve.

A successful community academic partnership between its stakeholders and researchers improved communication, cooperation and trust, and they also generate feasibility and useful innovations that help address and close that gap between research and community practice.

Community based participatory research, CBPR, is used in the gap as well through research and practice through collaboration.

So I'm here to actually talk to you all about this program, which is one of the examples that a community academic partnership that I had been involved in since I arrived at the University of Florida, it's called the Inclusive Fitness and Unified Sports Program. It's not to be confused, it's called IFUS for short and not to be confused with the other IFAS at the University of Florida which is the institute of food and agricultural sciences. This IFUS that I work with is a

community based participatory program, CBPR, program for students with intellectual disabilities, but it's not limited to students who just have autism, Asperger's syndrome, Down syndrome, et cetera. There are a lot of students who come through who have an intellectual disability have an array of different developmental intellectual disabilities.

This picture right here you can see is actually, it's the entire group together, I think this was our Halloween maybe or end of the semester picture that we took, it actually has the students with intellectual disabilities, UF volunteers, faculty and staff from the University of Florida and from the Sidney Lanier School where the students come out from and this is actually taken out in the place where we hold the intervention.

I think this might be around 60 people, but the program has about 160 volunteers, where we have anywhere between 15-30 Sidney Lanier students who participate every semester and come out.

So, how did IFUS stakeholders come together? In 1997, the teachers, parents, and caregivers of the students attending the Sidney Lanier School in Gainesville, Florida, approached Dr. Christine Stopka, the woman on the left of your screen, which is now retired and an emeritus professor but she was teaching at the College of Health and Human Performance at the University of Florida.

The teachers, parents, and caregivers were concerned for the overall health and physical fitness for their students with intellectual disabilities. So they noticed things that, for example, their students would exhibit shortness of breath when they would engage in minimal physical activities or when they were performing activities of daily living.

This is extremely problematic because these young adults, once they age out of the school system, you know, they often try to become working citizens.

However, the jobs that they find, which are rare, are often difficult to find, so if they do find any type of employment, they often experience job stress, job burnout, or lose employment because of poor cardiorespiratory endurance and muscular skeletal fitness.

Moreover, some of the students actually leave their places of employment because a lack of social interaction with people without disabilities.

Especially, you know, after they attend the Sidney Lanier School and live in group homes where they are predominantly surrounded with students and young adult who look and act like them. They don't have exactly the same disabilities but are on the spectrum or have some type of developmental or intellectual disabilities.

In the picture, like I said, is Dr. Christine Stopka on the left, and above are six women who some of them were school administrators at the Sidney Lanier School at the time and they were the ones who approached Dr. Stopka.

[Pause].

>> DR. MONA SAYEDUL HUG: So these are just some health disparities among people with disabilities. We know that, over 6.5 million people in the United States have intellectual disabilities and some of the most common things that people with intellectual disabilities experience are higher rates of comorbidities, so cardiovascular disease, obesity, and any other chronic illness and this is typically caused by lower levels of physical engagement.

They also live half as long as populations without disabilities. And because they are more likely to engage in, you know, sedentary behavior, their overall fitness and muscular endurance is lower compared to populations without disabilities.

Some other things is that because of the higher prevalence with sedentary behaviors, this leads to, like I said, lower cardiorespiratory fitness, muscular endurance and strength but there is also a decrease in cognitive function and inability to perform their duties at work.

In this particular picture is during our program, we have three young adults, one of who is a student at the Sidney Lanier program, she is up in the front running, while two UF

volunteers are trying to catch up with her [chuckles] at one of our games.

And the woman that's actually in the back trying to take a picture is Coach Ann Goodman who was one of the first Sidney Lanier School administrators to approach Dr. Stopka.

So, parents and, you know, guardians, school administrators and educators of young adults with intellectual disabilities approached researchers for assistance because they recognized a need for increased physical activity in their students.

Back during that time in the early -- I think this was in the early '90s, they conducted multiple needs assessments, they had community forums, workshops that were actually hosted by the family members of the students with intellectual disabilities, various school officials, even some folks from the Alachua County School Board and they all came together to create this community academic partnership that addressed health outcomes and talked about possible approaches.

So in 1989, the University of Florida, specifically the College of Health and Human Performance at the University of Florida partnered with the Sidney Lanier Center to create this community based participatory research program and created the Inclusive Fitness and Unified Sports Program in 1989.

[Pause].

>> DR. MONA SAYEDUL HUG: So overall as a whole, IFUS uses health behavior theories with different principles of exercise to improve their quality of life, by improving their cardiorespiratory fitness, muscular endurance and strength, and also their emotional and neuromuscular and cognitive skills and not just the students with disabilities but also the UF student volunteers. So it's really for all participants. What ends up happening is that the UF student volunteers motivate their peers with intellectual disabilities, who are their same age, so these are students at the Sidney Lanier School that have passed various screenings and gotten approval from their family, their teachers and physicians or healthcare providers to approve them to come onto campus at the University of Florida and engage in inclusive exercises and sports for one hour twice a week for eight weeks each semester; so each fall and spring, not including the summer.

And the program is currently over for this semester, but it's typically held every Tuesday and Thursday on campus, actually right outside of Gatorwalk.

This picture on this particular slide has, again, this was back when I was actually an undergrad and the program was fully growing, to reach that 160, 150 total participants right now, this was one of our very first pictures that we took.

I think this was the first day that we all decided to chip in and buy collective T-shirts as kind of a reward for the Sidney Lanier students who were participating in this fitness intervention. They did it, they completed an entire year of working out with us.

So we actually used, when we were creating and building this program, we use an ecological approach, like I said, a social ecological model to help promotion and used both the precede and proceed model and the social cognitive theory to facilitate that community based participatory process.

Here you can see in this slide, we have the social -- the slide is specifically showing different elements of the social cognitive theory, so the social cognitive theory describes this dynamic relationship between, you know, individuals, groups, or a person, their behavior, and how the environment influences and creates this influential relationship between the three of those.

So, in the presence of any social or physical barriers, individuals with self-efficacy, which is just the confidence in their ability to change their behaviors, should be able to change.

However, individuals who don't feel that they have control over their behavior or their health, they often are not inclined to kind of overcome those challenges that they have.

So, here we are using the social cognitive theory in our program as a building block for the structure and the development portion of both our fitness and sports activities that we do in our program.

In figure one, currently right now, this is how our program is modeled, so when the students come -- students from Sidney Lanier come to campus, you can see in figure one, they are actually graded by a couple of UF student volunteers, they're labeled in figure one, the UF student volunteers are labeled one, two, and three, and the participant is in green.

These UF student volunteers labeled one, two, and three, they come in and serve as a volunteer and they are not trained in any way, it's like almost another participant coming in for a group workout.

And then we have a trained UF student volunteer who serves as kind of like the group fitness instructor and they are trained to do various exercises with the group and the other UF students kind of model and show the Sidney Lanier student how to perform the exercises. And the student volunteer really support and reinforce how to properly perform the exercises, while the fitness instructor retains information and writes down what exercises were difficult or how maybe certain exercises can be modified.

In figure two, this is actually a great representation of how the social cognitive theory is present within our program.

So, there is social modeling, like I said, the UF student volunteers will show physically how to perform an exercise, and then they also will, you know, give motivational bouts of encouragement, telling the Sidney Lanier student, "You can do it" or "Let's reach up to ten", "That was really great!", they give motivational incentives to them verbally and encourage them and keep them motivated as a group, and after that, the Sidney Lanier student should be able to master those certain experiences which will increase their self-efficacy which is their confidence to perform that exercise and it also increases the collective efficacy because there are actually some UF students who come to volunteer but are also not in the same fitness level -- or they are in the same fitness level as their Sidney Lanier student, so there is this mastery experience and collective efficacy in how they can actually perform certain exercises together which I think is the best part about this program, is there is a co-learning and interdependence between the Sidney Lanier student and the UF student.

On the right, these are different constructs you have from a social cognitive theory that we use for the program, but for the sake of time, I won't go through everything.

We pretty much just use social modeling and observations and verbal persuasion to increase self-efficacy as a main component to our program.

Because it is a community based participatory program, we do a lot of research before the Sidney Lanier student actually arrives to campus.

So since there are so many student volunteers, like I said, 150, we have many undergraduate and graduate students who do research projects, both quantitative and qualitative or even mixed-methods in our program.

The table right now on the screen shows a few assessments we've used over the years. The fitness assessments are things that we've done since I think 1989. The cognitive assessments, which include grocery shelving tasks, this particular task is something where the Sidney student is asked to sit in the chair and they have grocery bags on both, each sides, and they walk to a shelf and they're asked to put all the cans on a particular shelf and we time them.

There are other cognitive tests that we've used in the past, the Wilcox Johnson test that we actually decided not to use anymore, but we do a bit of surveys when it comes to our program. We've done formative and summative evaluations, so kind of before the program starts, after the program starts, we do this survey that's called the Volunteer Function survey, so we ask the volunteers the likelihood of them volunteering before and how has the program

impacted volunteerism for them after.

And then we also conduct some structured interviews.

So one of the things that I actually succeeded the previous director in research and statistics, his name is Dr. Tony Delisle and he is the current executive director for independent living and when he did his masters at the University of Florida he did his research study focusing on the research assessments, including the subtest, measuring their resting heart rate, box squats, wall sits, and measuring their BMI and waist circumference. But I really focused on the evaluation of IFUS and I wanted to center our research on the primary question of: Is the program doing what it's intended to do? Which is one of the basic questions in evaluation.

So to answer that question, what we did was we looked at data, fitness data specifically, and anecdotal comments from the UF student volunteers, the Sidney Lanier teachers, administrators, and caregivers of the young adults with intellectual disabilities. This slide just has some of the changes, explains the changes that we have done in the exercise portion of our program, which I'll explain right now.

From 2009-2010, IFUS worked on increasing strength and muscular endurance utilizing resistance weight machines. The O'Connell Center at the University of Florida has been a great partner in the past and they let us use their facilities and equipment to host the program during the early 2000 to 2010.

This was before they did the amazing [chuckles] renovation, so those weight machines and weight room are actually no longer in existence right now, but we were using them in 2009-2010.

One of the things that we noticed was that the different sizes for young adults with intellectual disabilities, especially just us in general, whoever wants to go work out at a gym, sometimes some weight machines that are weight bearing are difficult are difficult for us with different body shapes and sizes to use them, so why wouldn't it be difficult for students with disabilities that may be have shorter limbs or they can't reach the height, it's just as difficult if not more for them.

So in 2010 we decided to introduce functional training exercises that -- what that means is that it includes major functional movements with minor resisted movements, so we took away the weight machine or took away some of the weight machines and added free weights and really used your own body weight for exercises.

And then starting in the spring of 2016, we decided that based off of our data, we wanted to reincorporate resistance weight training into our program, in addition to current functional training.

So, table one, if you take a look on the screen, if you're able to, with the different pre-tests and post-tests means and percent changes for recovery heart rate from Fall 2009- Spring 2016. I didn't include the current data right now, but this is what we have currently on here.

But the types of exercises, you can see it definitely influences recovery heart rate. So recovery heart rate is one of the things that we use to predict mortality and risk of heart disease and with IFUS we've been recovery heart rate since '09-2016 via the YMCA stress test, so the type of exercise change from resistance training and weight to functional training and using a combination of weight training and going back to resistance training through the years, what we've noticed is that a physical fitness intervention, like ours that uses moderate aerobic or muscular strength or endurance exercises with the weight machines, we saw there were improvements in physical capacity and cognitive function on the young adults.

But then from 2011 to 2016, we were primarily focusing on those weight body functional training exercises. We did see a progression in the changes of recovery heart rate, but there was actually a decrease in how big of a change occurred.

So there were a couple things that were also changing during those times. Like I said, the O'Connell Center removed some of the weight machines, so we had to kind of think of other ways that we needed to do this fitness intervention.

And during that time, I don't know if anyone remembers, the P90X and the insanity craze, but we tried, since that was the new fad [chuckles] back then, that's what we included as a way to replace the weight machines.

But in the end, all we want is to lower their recovery heart rates for them in the program, and based off of our data, we found we really need to reincorporate resistance weight training. So resistance weight training, what that is is that it increases lean muscle mass which can help with someone's metabolism because muscles are metabolic tissues, so performing weight resistance exercises on your muscles will help your muscles become denser and bigger, so currently IFUS uses resistance bands and tubes as a form of resistance and studies show that what is provided by using the tubes, increase strengths, range of motion and endurance, and replacing the weight machines and even the free weights with a resistance bands has made exercising more convenient and honestly safe, because our students with disabilities sometimes tend to drop free weights which became a safety issue.

Also with the resistance bands, they don't cost as much as buying dumbbells or barbells and they take less place to store and that's been better.

Aside from the recovery heart rate, the only test that showed significant reports was box squats and wall sits. Here on the screen we have a young adult with intellectual disabilities who is working out doing straight leg raises using the green resistance bands around his ankles.

The bottom left has two of our undergraduate students who are currently now in physical therapy and dental school who completed research in IFUS and they're standing in front of their poster, the top right also has two young women who were presenting their research as well at another conference, and in the bottom right we have one of the Sidney Lanier students, a young woman using resistance bands to do biceps curls.

[Pause].

>> DR. MONA SAYEDUL HUG: So we know that community and academic partners, when they collaborate, they can really create, proactively shape, deliver, and evaluate a physical fitness intervention, especially how it's relevant to specific needs within the community.

So as I mentioned in the past -- or in the previous slide, we're a multi-faceted research program, we measure fitness, cognitive function, participation, volunteer satisfaction, and do evaluations of our program.

Through the observations and comments, we know that the program improved social skills for all participants.

There was one student who did a semi-structured interview and conducted -- asked the Sidney Lanier students and the volunteers how the program has helped them, and I don't have those results on here, but they honestly had been the most meaningful measured outcomes that we have and we're continuing to do that in the upcoming semester.

A simple reason for, you know, the reason why we were doing -- we were -- we are trying to cut back on what exactly it is that we're doing when we're measuring fitness, cognitive function, doing those surveys. We need to just go back to our basics, return to the basics.

So we want to meet the needs of our community and this fall semester, we've done that, we've returned to the basics.

So we've took away almost every measurement except for fitness, just to focus on implementing the exercises well.

In our previous evaluations, we found that due to time constraints or issues with, you know, transportation, there hasn't been a great actual full one hour of the fitness intervention

that has been delivered consistently, so this year we've actually taken away the sports portion, which I haven't mentioned because it's only been a cardiorespiratory part of our program, and we're focusing on fitness with that.

We didn't play any sports in the past, particularly because it wasn't unified as intended. We typically only had the young adults with intellectual disabilities play games with each other, so this is not unified.

And it's not any different than what the Sidney Lanier students do in their P.E. classes or outside at school.

We're almost done planning the new intentional unified sports portion of the program so we can pilot test it this upcoming semester, and we will actually include pre-test and post-test measures that will measure the skills for these young adults so they can qualify for the Special Olympics, while they play -- also while playing a game with the UF students.

We want to make sports more meaningful and intentional.

Last, the undergraduate students decided it's time to restructure the program by reducing the amount of volunteers and increasing training so we can bring it back to rigorous research.

In 2008 when I was an undergraduate at UF, there were two young adults with intellectual disabilities to one UF volunteer and also the UF volunteers did not show up consistently.

When I spoke to Dr. Stopka about restructuring the recruitment and training process for UF students, she kind of let me go ahead and do that, because she knew that there was -- there needed to be consistency, and then within a year of that restructuring, we had -- the program had about 60 volunteers and it grew to that point where, you know, we didn't need to flyer on campus to get volunteers or hold presentations in classes to recruit UF students.

Last year we had a total, without the participants from Sidney Lanier, we had a total of 150 student volunteers.

So this year, we are reducing that, because we also found issues this year with volunteer retention.

A few of the interviews -- the UF volunteers students that were interviewed said that they knew the program changed their perspective on people, especially their peers who have disabilities, whether physical or intellectual or developmental, but they felt that they weren't needed as part of our program, because the ratio changed from that two Sidney Lanier students to one UF student to seven UF volunteers to one Sidney student and they didn't feel like they were providing much of a difference.

Also to create a more meaningful volunteer experience, we are actually reducing, so in order to do that, we're actually reducing the total number of our volunteers to a ratio of three to one where it would be one UF student who is a trained research assistant and then two UF volunteers who just come to work out with their Sidney peer.

We also intend to use this upcoming spring use the two students not trained in research as a comparison group so we can, like I said, go back to a more rigorous research standard.

And last, we're actually holding meetings more consistently with school administrators, teachers, and some caregivers to ask them for their perceptions of the programs and what, you know, those needs are for -- or what they think they would like their students, their young adults with intellectual disabilities, to gain from this program.

We actually have our first meeting tomorrow with -- our first meeting -- our last meeting of the semester with school administration tomorrow.

And then I guess just to sum up this presentation, this academic -- community academic partnership, you know, it created a fitness and research-based program and that program operates one hour twice a week for eight weeks so we can improve the physical capacity and

functional ability for young adults with and without intellectual disabilities.

This program also utilizes peer and community driven planning and implementation to incorporate principles of exercise and social cognitive theory as well as the precede-proceed model to guide our comprehensive evaluation. And last, all of these components help us in the outcomes and going back to the initial question, how can you actually improve the quality of life of all participants, not just those with a disability.

So the implications of this community academic partnership has provided young adults, any of them, with an opportunity to grow personally and professionally, as well as get -- gain mentors and friends with young adults who do not have intellectual disabilities.

So these meaningful and deep connections, we foster this in our environment, in our IFUS environment and this actually helps, based off of one of our qualitative studies, we've seen reduction in perceived discrimination and prejudice and increase in cultural competence and service learning for people with intellectual disabilities.

And as you can see on the screen that we have is actually of six women, five of them without a disability and the young woman with an intellectual disability in the center.

Three of them are actually wearing pink bandanas because they want to show everyone that they're a team and family and cohesive unit and they formed this relationship because of the program, and it's actually one of the best things that I've seen some of the UF student volunteers will actually bring shirts and all of these things to match their friend who is from the Sidney Lanier School.

And that is pretty much it. I just wanted to say thank you, and, of course, give me acknowledgements to Dr. Stopka, Dr. Delisle, UF student and leaders, the Sidney Lanier School and the Alachua County School Board and the last picture, we have a student that loved Gator chomping and the five friends Gator chomping along with him.

And I want to say thank you for joining this presentation of mine.

>> CLAUDIA FRIEDEL: Thank you so much, Mona, we really appreciate you explaining the program and the history behind it. And it's exciting to know that the work that y'all are doing, we can, you know, sort of be alongside you with the students, with the CSPAP program that we have implemented at Sidney Lanier.

I think Bryan can talk a little bit about Ike and Bike. Have you heard about that, Mona?

>> DR. MONA SAYEDUL HUG: No, I haven't.

>> CLAUDIA FRIEDEL: Bryan, can you explain about that?

>> BRYAN RUSSELL: Absolutely, Mona, when you were doing your presentation, that's was one of the first things that popped in my head. So with Ike and Bike, they are a group out of Pennsylvania that go all over the country and teach children with intellectual or developmental disabilities how to ride bicycles.

What they do is they will -- they will come in to, say, Gainesville and partner with either the Sidney Lanier Center or, you know, the Lions Club or some group to host their training sessions, and they'll partner with this organization and recruit -- and the goal is to recruit students without a disability to spend about an hour and a half a day teaching children with disabilities how to ride bicycles.

>> DR. MONA SAYEDUL HUG: That's awesome.

>> BRYAN RUSSELL: So we're looking to do that in Gainesville, in Tallahassee, in Tampa, and in Ft. Myers later this spring.

>> DR. MONA SAYEDUL HUG: I'd love to talk to you more about that. We have so many UF students that want to volunteer their time. And like I said, we're trying to go more for quality over quantity so there's going to be a couple that are going to be very disappointed that they're not able to volunteer in this program, and this would be a great opportunity, another opportunity for them to work with their friends and other students with disabilities.

>> BRYAN RUSSELL: Okay. We'll definitely -- so we've submitted -- we're doing this

through some additional funding with the CDC for some leftover money that we had last year.

>> DR. MONA SAYEDUL HUG: Uh-huh.

>> BRYAN RUSSELL: So we're working on a proposal and once we're ready to get started, I'll let you know.

>> DR. MONA SAYEDUL HUG: Yeah, that sounds amazing. Any way I can help, too, please let me know.

>> BRYAN RUSSELL: Okay. I'll do that.

>> CLAUDIA FRIEDEL: Wonderful. So does anybody else have any questions for Mona or....

[Pause].

>> CLAUDIA FRIEDEL: Or any questions for us?

[Pause].

>> CLAUDIA FRIEDEL: Feel free to put them in the chat box.

I'll also be happy to share Mona's e-mail in case anybody has any questions that pop into their heads later, at a later time.

So we'll give it another minute or so to see if anybody can think of anything.

And if not, then I'd like to wish you all a very Happy Holidays. And when we speak again, it will be in the new year, so Happy New Year.

And thank you all for joining us.

>> DR. MONA SAYEDUL HUG: I think there's -- I received a chat I just clicked on one of them, I think someone asked if this is -- if this is related or affiliated with the Special Olympics unified sports fitness program. It is not, one of the main goals in this program started as well back in 1989, not only was it a way for students to increase their physical fitness so they could do well at work, but one of the goals that they wanted to do was to have them qualify for the Special Olympics.

And this program has gone through a bunch of name changes, but when we found that the Special Olympics -- when we were considering changing the name, actually we took a lot of the name from the Special Olympics program, unified sports and fitness program and we're trying to go along with that, and the sports program that we're building and bringing back in the spring, we are training them so that the Sidney Lanier students can qualify again for the Special Olympics.

So we're taking stuff from the book that has all the skill sets and that's how we're creating our own pre-tests and post-tests and creating our own drills and using some of the sports to do that.

So it's not related, but we're trying to add in another way, because we know that a lot of the Sidney Lanier students just love playing sports, a lot of them, and they talk about how much -- we had a couple volunteers actually go to Orlando with some of the students to see how well they did, and a lot of them were talking about how much they would love to be able to do similar drills and skills to qualify in Special Olympics.

[Pause].

>> DR. MONA SAYEDUL HUG: And that was it, that was the only question that I got.

>> CLAUDIA FRIEDEL: Okay. All right. Well, if anybody else has any other questions, feel free to e-mail Mona. I will send her contact information when I send the call notes out to the partnership.

And thank you again so much, Mona, for joining us. We were so happy to hear about all of your work with the program.

And Happy Holidays to all.

>> BRYAN RUSSELL: Thanks, Claudia. Thanks y'all.

>> DR. MONA SAYEDUL HUG: Thank you.

>> CLAUDIA FRIEDEL: Thank you. Bye-bye.

[Concludes at 3:46 p.m. ET].

\*\* Edited \*\*

Recommendations and findings for providing PWD with accessible service:

- Providing young adults with intellectual disabilities with an integrated fitness training program can improve physical fitness, cognitive functioning, and reduce discrimination.
- Community academic partnerships foster significant improvements in a population of study that meets the needs of the community they serve.
- Recommendations include integrating resistance training and mentorship programs for students with intellectual disabilities, and utilizing community based participatory research as a research and intervention strategy.